CERTIFICATE OF DEATH funerai 1. PLACE OF DEATH a. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 é RURAL and give neerest town) .577 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS npletely papers. NAME OF DATE Middle DECEASED OF (Type or print) DEATH COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARKIED [ast_birthdey] Car WIDOWED V DIVORCED T physician USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State 10b. KIND OF BUSINESS OR INDUSTRY done during most of working kie, even if retired) any 13. FATHER'A NAME please attending 15. WAS DICEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, of unkown) | (If yes give we ror dales of service) 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Signed DUE TO Conditions, if any, which (6) has been geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate hospital 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, lenter natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY Month, Day, Yaer 2Dd, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) Whila Not While Hour e.m. at work at work p.m. DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from saw the deceased alive on 228. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. eath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jr. director, p 61 W. Bel 238. BURIAL, CREMATION, 236. DATE PHEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (Specify Tarringborguneral Home A15 (4) aberacey. Mary aux 15M 9/60

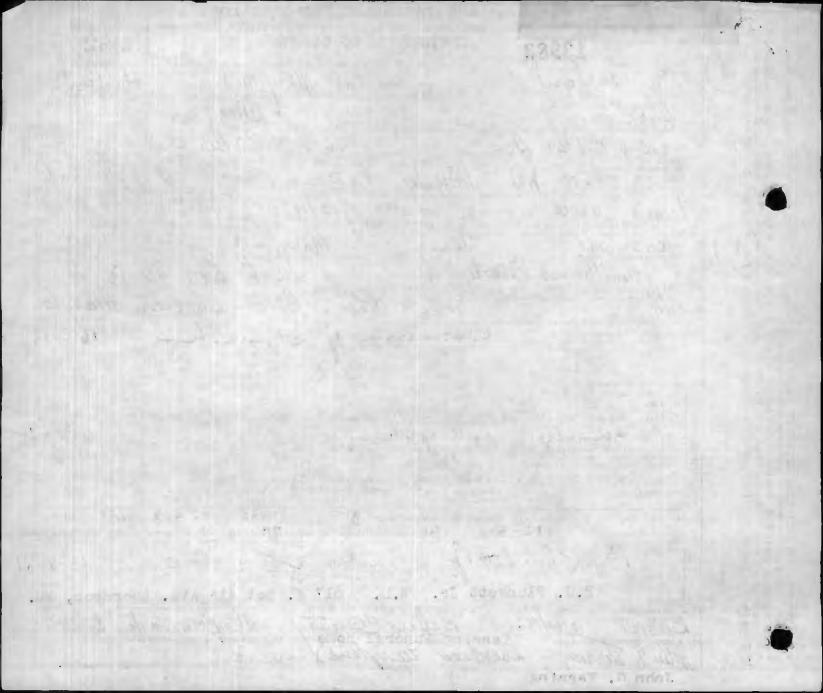
John G.

Tarring

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN of outside corporate limits, write RURAL and gige necrest town) e. IS RESIDENCE ON A FARM? YES NO X Dev Year 19 AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? foreign country) Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO Z (County) (State) 19.60, to 1.2 - X ..., 19.(1), that (1) (we) last 1961... and that death occured at 7.1t.M, from the causes and on the date stated above. 22b. DATE SIGNED Ave. Aberdeen. Md. LOCATION (City, town, or county) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DEC 1



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1200%

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
Harford MARYLAND	Maryland b. COUNTY Harford
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Aberdeen Proving Ground 1 month	2 Aberdeen
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
USArmy Hospital, Aberdeen Proving Ground	109 H Rodman Road YES NO X
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) CLIFTON WILLIAM	BAYNARD JR DECEMBER 11 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negroid WIDOWED DIVORCED	20 July 1956 Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None N/A	St Alban's, New York USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLIFTON W. BAYNARD	HELEN E. GOWENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Iffyesgivgwarordetesofservice)	INFORMANT Address
N/A N/A N/A C1	ifton W. Baynard (Father) Same as Item #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wilm's Tumor, lef	
8 0 X DUE TO	V SANGARAMANI
gave rise to immediate couse	
(a), stelling the underlying DUE TO	
(9)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E CONTRACTOR CONTRACTO	PERFORMED?
O ACCIONAL MACCINETIAN DE LOCI DESCRIPCION DE LOCUETA	YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA). (Enter nature of injury in Part I or Part II of item 18.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Sleta)
2 Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA Hour a.m. While Not While fact of work at work	tory, street, office bldg., etc.)
	16 November 19.61 to 11 December 1961, that (1) (90) last
	death occured at 1: 17 from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
Makolm Mintan	ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS US Army Hospital, Aberdeen
MALCOLM McLEAN, Captain, MC	Proving Ground, Maryland
238. BURIAL, GREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Slele)
Bu Sup 12-16-61 Wholood	Centy Done Del
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Janes Deshelds Enton, ~	DATE DEC 15'61 Cross & Prans
G .	

10 SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

17: • No are a large to the second t E G C dy a Vice The second second Stock I at the stock is The second of th Partie Aller Control of the Control The last the second of the sec 一种中国的一种中国的一种中国的一种中国的一种中国的一种中国的一种中国的 and the second

FOR STATE HEALTH DEPT. PEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 2 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may as retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pages i and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME

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MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13954

1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re dacessed livad, It institution: R	asidanca bafora admission)
a. COUNTY Hay	MARYLAND	a. STATE MA	b. COUNTY Co	cil
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give naerest town)
lane do são	22	Port 1/ e	South	17x-2
P. NAME OF HOSPITAL OR INSTITUTION (if no) in	hospital, give street address	d. STREET ADDRESS		. IS RESIDENCE
tartad verice &	refile	Conter	I heel	YES NOW
3. NAMI OF DECEASED LY d SFirst	oNe Brown	Last 4. DA OF DE.		Day Year 61
5. SEX_ 6. COLOR OR RACE 7 MAR		. DATE OF BIRTH	19. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
FCWIDO	THE TEXT MAKE IN	11-26-57	Total Control of the	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country) 12. CITI	ZEN OF WHAT COUNTRY?
NONE		Marvland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0 0 21
Henry E. Brown		Olethia O. 1	Casus a	
	16. SOCIAL SECURITY NO. 17. 1			
(Yas, no, or unkown) (Ifyasgivawarordatasofservica)				rt Deposit
No		nry E. Brown,	center St.,	Md.
18. CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), end (c).]	1 00		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	racluse 2	sull	+	
DUE TO				
Conditions, if any, which (b)				
gave rise to immediate causa (a), stating the underlying DUE TO				
causa last.				
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	
OE I				YES NO DE
2Da. EXTERNAL CAUSE WAS 20b. DE	COME NOW INTUDY OCCUPED II	inter nature of injury in Part I or Part	II of Itam 18 i	LIES THO ST
PRIMARY A or CONTRIBUTING CAUSE OF DEATH.	to accre	Pens	il of liam ru-q	
3 20c. TIME OF INJURY Month, Day Year 20	d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm, 2Df.	(City or town) (Cour	(Stata)
	hile Not While work at work	ory, street office bldg, otc.)	of Dehimit	coal M
Z. I certify that I took charge of the	13 07		ion N. Inquiry .	and in my opinion
death resulted from: Natural causes	Accident X. Suic		Undetermined manner	I I
Geath resulted from: Hateral causes	DA	CHIEF MEDICAL EXAMINE	_ 241.	
ACTUAL Devolu C	James	M.D. ASSISTANT MEDICAL EXA		DATE SIGNED
EXAMINER'S GOTILA C	SINEY MN	DEPUTY MEDICAL EXAMIN	K 1- 4	-41
22a. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	Address (Street, city, fown	o, or county) CCATION (City, town, or country)	(State)
byryal 12-9-1961	Jones Memor		Deposit.Md.	
13 FONERAL DIRECTOR	ADDRESS		GISTRAR I 24b. REGISTRAR'S SI	GNATURE
ella, Catterson to	low Perryvil	le, Md . DATE DEC 1	1 '61 Outlan 2	Thank

Slace ages along a state of House the Manual Colonia Colonia and the standard the same that the same to the same to the The second second to the retire than a ...

321 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 98 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I director. Page or your files. e. COUNTY B. STATE b. COUNTY Harford Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) your de Havre de Grace Edgewood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E death. Harford Memorial Hospital MAIN YES NO 3. NAME OF 4, DATE Month DECEASED OF the (Type or print) DEATH DOROTH ALLISTER ARCHER BURTON December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday] Months Hours Female WIDOWED DIVORCED ع ص ريا 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired] TAVERN pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 3 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MAIN ST permit. (Yes, no, or unkown) | (If yesgive war or dates of service) ARCHER-BURTON EDGEWOOD ing" in pencil in le r's Office along v s a burial-transit p removal, and in t 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Salicylate Intoxication IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying as the word "pendin Medical Examiner 6 nsed cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY 8 PERFORMED? YES X NO F pjnoys 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) writing the e Chief Me Page 3 shor r to burial, PRIMARY [X] or CONTRIBUTING Salicylate ingestion CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Stete) factory, street, office bldg., etc.) While Not While Harford Home Edgewood Md. at work at work 19 67 forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Adcident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER demignated ACTUAL ASSISTANT MEDICAL EXAMINER DE DATE SIGNED should be to SIGNATURE EPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) Petty 1 1 22c. Name of CEMETERY OR CREMATORY ase 228. BURIAL, CREMATION, 226. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Chilbury S. Mrsus DATEJAN 3

and theme THE PROPERTY OF TENAM The rest of the second of the second 16/1/3: within after 111 AN PAR THE TAY TAY REPORT THE FACTOR PRINTED RELIEVE ENGINEER WAS - Carrier - Carr SURINE 112164 WISCOLDING Macanager (b) Level there will no state the MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Did. 2956

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Maryland

INTERVAL BETWEEN ONSET AND DEATH

week

PERFORMED?

YES T NO A

(State)

Hours

12. CITIZEN OF WHAT COUNTRY?

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II.S

(County)

Dacember

Clothey S. Thousa

(Stote)

Marvland

. IS RESIDENCE ON A FARM?

YES TO NO E

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Harford

Months

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY Maryland by the and 2 death. MARYLAND Harford b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) Š write RURAL and give neerest town) Aberdeen Proving Ground 2 days Aberdeen Pages 蓑 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? US Army Hespital YES NO 602 Plater Street NAME OF Middle Last DATE Month Year DECEASED (Type or print) DEATH December 10 19 61 9. AGE (In years | IF UNDER TYEAR | 5. SEX 6. COLOR OR RACE A DATE OF BIRTH IF UNDER 24 HRS. last birthday) and Months | Days Male Caucasiahwidowed [DIVORCED December physician 10a. USUAL OCCUPATION (Give kind of work Temove 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Hospitar koerdeen dona during most of working life, aven if retirad) Not applicable USA any Proving Ground. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ affending Carmen Frank Costa Beulah Ferl Caudill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yas, no, or unkown] | (If yas giva war or datas of sarvice) No Carmen F Costa(Father) Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congenital Gross prematurity IMMEDIATE CAUSE (a) DUE TO gava sisa to immediate causa **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate PERFORMED? 9 NO IX prior 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 2Ds P.ACE OF INJURY (Homa, farm, 20f. (C.ly or town) (County) (State) factory, street, offica bldg , atc) Not White Hour a.m. at work at work may be retaine DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from 8...Dec...61 saw the deceased alive on...10 Dec 61 19...., and that death occurred and . , to.10 .Dec...61..., 19......, that (I) (we) last M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING. 10 Dec 61 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Army Hospital NAME (Typa) THOMAS FRAHER. MD Proving Ground, Maryland Aberdeen rector, 238, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toffn or county) (Stata) REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 1 256 REGISTRARIA SIGNATURE VR A15 (4) S. Trava DATE

MARYLAND STATE DEPARTMENT OF HEALTH



TC COSTITAL BRATILLING HYSICIAM: The Bw requires that the death cartificate be executed within 24 heurs after a page 4 may be retained by the hospital or attending physician.

TO YUNERAL DIRECTOR. After this certificate has been signed by the attending physician and control their filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 1-1 15M 9/60

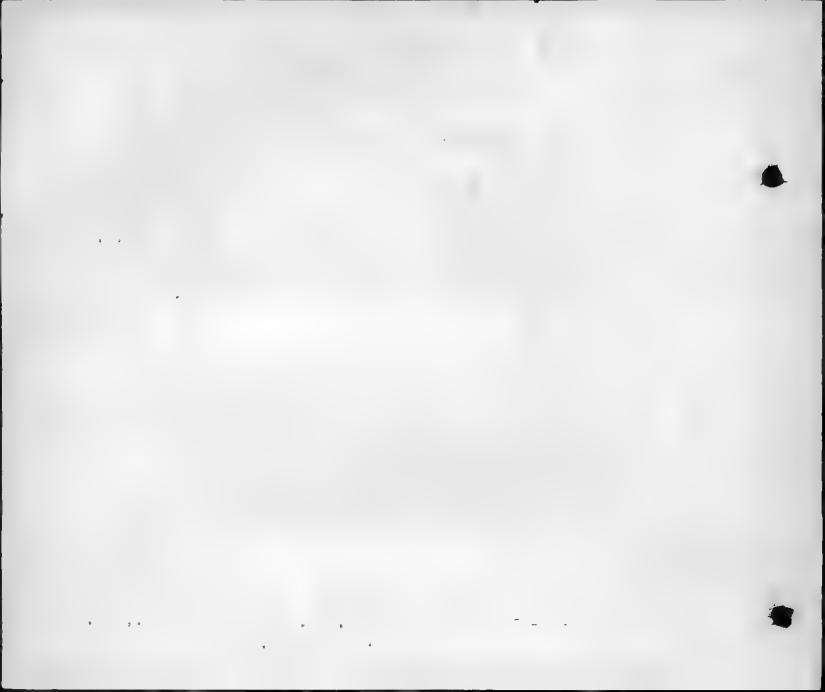
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1-19X4	
	1. PLACE OF DEATH	USUAL RESIDENCE (Whate daceasad lived, If institutions Rasidanca before agmission)
	The last Mary Language	a. STATE / b. COUNTY I factor!
1	b. CITY OR TOWN (if outside corporate limits CENGTH OF STAY IN 16	c, CITY OK TOWN (Houts de corporate limits, write RURAL and give nearest town)
	b. CITY OR TOWN (if outside corporate l.m.ts,	t. CITY ON TO WIN INDEED SEE CONDUING MAINS, WIND KONNE BITO GIVE PERSON TOWN
-	19th will diace	Hanlide Clace It
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straet address)	d. STREET ADDRESS ON A FARM?
		520 Market YES NOW
	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	DECEASED / /	OF 14
	(Type or print) Carlton Statch	DEATH /2/14/6/ 19
	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 1. 8. DA	
	May WIDOWED DIVORCED	Act 10 1916 Lik yrs. Months Days Hours Mr.
		BIRTHPLACE (County & Steta, or Meign country) 12. CITIZEN OF WHAT COUNTRY?
	dona do no most of working life, evan if refired)	Aland M. We 11 CA
	Julia-	rome de marijo. u.s. n.
	13. FATHER S NAME 1 LAD - 14	MOTHER'S MA DEN MAME
	Frank Flitcher	Butha Mause
		DRMANT Address
	(Yes, no, or unkown) i (Ifyys) vawarordalesofsarvica)	TO THE GIP CENTER
	18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c).]	Topse de Interval Between
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	sema smenutes
	The DUETO A An An	4 .
	Conditions, if any, which \((b) \)	mboses 5 mints
	gava rise to immadiate causa	
	Total stating and underlying	5 Ylang
	The state of the s	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
		PERFORMED
	208, ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (En	YES NO W
	E 20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (En	tar natura of in ury in Part I or Part II of Itam 18 }
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		OF INTURY (Homa, farm, ' 201, (City or town) (County) (State)
	Hour a.m. While Not While factory,	siraat, offica bldg., atc.)
		March Deald white was
	21. I certify that (I) (this homital) attended the deceased from	(No. 1740 19 to 252
		ath occured at M.M. from the causes and on the date stated above.
	22a SIGNATURE	ATTENDING MED. STAFF
	STUR Walley (MI) M.D.	PHYS. DIRECTOR PHYS
	22c. PHYSICIAN'S	22d ADDRESS
	NAME (Type) FRANK WOLBERT MI)	HAUKE DE CRACE TRANSLAND
		CREMATORY 23d. LOCATION (City, fown or county) (Stata)
	REMOVAL (Spacify) 19/19/61 Alloys	alleder Md.
	A SUMPRAL DIRECTOR'S MIGNATURE	258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Beccele XIn / Jan Hound of The	the Med 5=0 0 0161
1	The state of the s	BATE DEC 2 0 '61 Orillar & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13990 CERTIFICATE OF DEATH Reg. Dist 13959
1. PLACE OF DEATH O COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before odmission) O. STATE Maryland COUNTY Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa
d. NAME OF HOSPITAL (If not in hospital, give street address) Pulaski Hyway & Joppa Road d. STREET ADDRESS Pulaski Hyway & Joppa Road Pulaski Hyway & Joppa Road on A FARM? YES ON OF THE NAME O
3. NAME OF DECEASED (Type or print) Robert First Middle Forrester DEATH Dec. 2/ 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH B. DATE OF BIRTH S. Date of B
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) Maryland U.S.A.
Thomas Forrester Ann Tasker
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Mrs. Priscilla Farrester Pulaski Hywy. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause tast. Cerebro vascular Accudent DUE TO DUE TO (c)
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONTRIBUTION CON
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 White Not while at work of twark 10 of wark 10 of war
21. I certify that I attended the deceased from 6 4t. 1960, to Dec. 21, 1961, that I last saw the decease
alive an Det: 20, 19 6 , and that death accurred at A. M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE ACTUAL SIGNATURE William A. Typum M.D. HTURIANT NAME (Type)
220. BURIAL, CREMATION, Page Date THEREOF Burial 12-26-61 Community Bapt. Chr. Cen Harford, Co., Md. (Stole)
737 FUNERAU DIRECTOR'S SIGNATURE ADDRESS 578 W. Bidd 120. RB & R. REGISTRAR; 246 REGISTRAR'S SIGNATURE DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH funeral Shoots 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. STATELYL d. a. COUNTY **b. COUNTY** Harford Harford 1 5 T MARYLAND h. CITY OR TOWN (if outside corporate limits, and E. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate I mits, write RURAL and give neerest town) ۾ write RURAL and give nearest town) Rural- Street wks. .57 Rural - Street Pages filled d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT 3. NAME OF M ddle 4. DATE Month DECEASED OF (Type or print) Elizabeth Christine Freeman DEATH ecember 196] CO 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 5. SEX 9. AGE (In yeers , IF UNDER 1 YEAR) IF UNDER 24 HRS. and last birthdey) Months DIVORCED August 17,1961 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) гетам 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Havre de Grace. Lid. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending Estil Freeman Louise Combs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) i (Ityasgivawarordalesofservice) Estil Freeman, Street, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (6) geve rise to immediate cause DUE TO {a}, stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) 20g. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR: Dec 20, 1961 to Dec 20, 1961 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... 1... 19.6.1., and that death occured at 12.3.M., from the causes and on the date stated above. saw the deceased alive on... Dece 220. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) Fellowship Pylesville, Md Dec. 22.196. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) elta, Penna DEC 26'61

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whate decessed lived, If institution; Residence before edinussion) e. COUNTY MARYLAND b. CITY OR TOWN (if guiside corporete imits, c. CTY OR TOWN (Voltside corpotata limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town ON A FARM? NAME OF DECEASED (Type or print) DEATH COLOR OR RACE, 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR . 8. DATE OF BIRTH NEVER MARRIED est britidey) | Months | Days WIDOWED A 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER SNAMES ARMED FORCES? 18. CAUSE OF DEATH lenter only one cause Des line for le. ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO (b) gave rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLY NO LI 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part Lor Part II of Itam 18.) (IF EITHER, NOTIEY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Sfete) factory, straet, office bldg., etc.) While 21. | certify that (1) (for nospital) attended/the deceased from Thend that death occured at PM, from the causes and on the date stated above. saw the deceased alive onct 22a, SIGNATURE DIRECTOR PHYS. PHYS. M.D. PHYSICIAN BUR AL CREMATION. Orthur & Trans

STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 15M 9/59

IV	1AKTLA	IND :	DIAIE	UEP.	AKIN	ven i	UF	HEAL	.IH
DIVISION	OF STATIS	TICAL R	ESEARCH	AND I	RECORE)\$ — I	BALTIM	ORE 1,	MARYLANI
		CED	TITLE	A TEL	OF	DEA	TILL		

	13993 CERTIFICATE OF DEATH	2020
	1 PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence of STATE b. COUNTY b	e before admissionin
	b. CITY OR TOWN (if outside corporate limits, write RURAL and grant on give nearest fown) August on give nearest fown) August of the straight of the straigh	ive pearest town)
	d NAME OF HOSPITAL (If ngt in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) OF DECEASED (Type or print) OF DEATH (2)	Day Year
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS Doys Hours Min
		ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	65.77.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. of unknown) yes, give wor or dollar of services	que C
	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]	INTERVAL/BETWEEN
	PART I DEATH WAS CAUSED BY: Massul Crebral Hemorrhale	Sudden
	Conditions, if any, which gove rise to immediate couse (a), stating the under Couse (a), stating the under Couse (b) DUE TO	ne 3 years
	lying couse lost. (c) Z - Page II OTHER SIGNIFICANT CONTROL ONE CONTROL THIS IN COURT PRINT NOT DELATED TO THE TERM NAMED ISSUED CONTROL ON CHARLES IN CASE.	13(o, 19 WAS AUTOPSY PERFORMED?
	Tabello Mullitus 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)	YES NO DX
	20a. ACCIDENT WAS UNDERLYING DONE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 120f. (City or town)	County) (State)
	Hour o. m. p. m. 19 While of work all all work foctory, street, office bldg., etc.)	
	saw the deceased alive an Deella, 1961 and that death accurred at 73 M, from the causes and an the	The state of the s
	220 SIGNATURE MED MED DIRECTOR STAFF DIRECTOR PHYS	12/11/6
	PAME (Type) Edward hoo, M.D Havre de Grace,	lud.
	23d BER MATION 23h DATE THEREOF 23c NAME OF CIMETERY OR GREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) PLC 12 1961 DIVINE OF COUNTY)	(Stote)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE ADDRESS	S towns
-		



REET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13994 funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution Resident a. COUNTY b. COUNTY \$ T MARYLAND b. CITY OR TOWN (I outs de corpogete ,imits, pue C. FNGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate him ts, write RURAL and give neerest town) deat Š ⊑ ← hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, NAME OF 4. DATE DECEASED OF (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR) . MARRIED [7] NEVER MARRIED [7] est b'rthday) and Months | Deys WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? **∂** done during most of working life, even if retired) IVURSERY 13. FATHER'S NAME à WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yas, no, or unkown) | (Ifyesgivewerordetesofservice) FOREST HILL 18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), and (c). IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave risa to immediate cause DUE TO (a), stetling tha underlying ceuse lest. PART H. OTHER'S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I) or Part II of item 18.) IJF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. al work 21. I certify that (1) (this hospital) attended the deceased from Many saw the deceased alive on... 22a, SIGNATURE ATTENDING 4-DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ('s. Lun & Three

Book admission)

IS RESIDENCE ON A FARM? YES NO X

IF UNDER

Hours

ONSET AND DEATH

PERFORMED? NO [

(Slata)

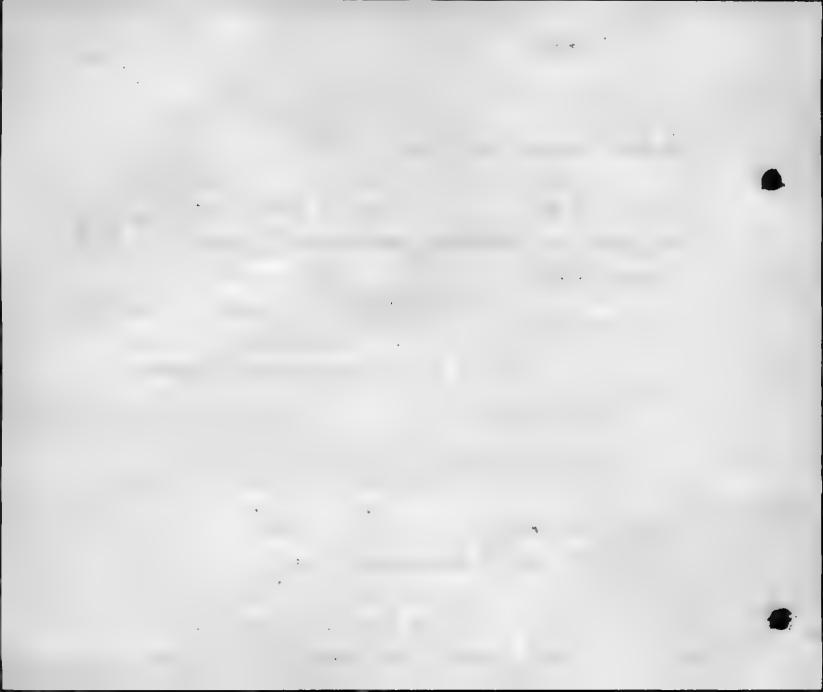
22b DATE

SIGNED

(County)

Day

15M 9/60



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	INVESTIGATION OF SALES AND	Market As 1100	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
12000	CERTIFICATE	OF DEATH	1000

-1	10000	1.2964
ŀ	1. PLACE OF DEATH a. COUNTY / /	2. USUAL RESIDENCE (Whare daceased lived, if Institution, Residence before admission)
- [HARFORD MARYLAND	B. STATE MO. B. COUNTY HAR FORD
	b. CITY OR TOWN (if outs de comporete limits. c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If oulside corporate limits, write RURAL end give neerest town)
4	PURAL HAVRE DEGIRACE 16 XPS.	RURAL HAUPE DE GRACE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., g.ve sfeat address)	d. STREET ADDRESS e. IS RES DENCE ON A FARM?
ı	19, D, 1 Box 1	R.D. / BOX/
1	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
	(Type or print) LAURA BELL	HALL DEC. 17 1961
A	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
4	FEMALE WHITE WIDOWED DIVORCED !	EB. 18. 1887 Months Deys Hours Min.
Ī	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TY 11. BIRTHPLACE (County & State, of foreign count y) 12. CITIZEN OF WHAT COUNTRY?
-	HOUSE WIFE MOME	VA, J.S.A.
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Į	ELBERT / /ICBERTS	DIANA HALL
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgive were relates of service)	INFORMANT Address
-		BERT CHALL HAVRE DE VRACE MO
١	18. CAUSE OF DEATH [Enter only one cause pyr life for (a), (b), end(c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	CHANASH LARP-
1	3314 DUE TO (1)	
	Conditions, if any, which (b)	- INTIMIA DAVONDEI/)
	geve rise to immediate ceusa (a), stelling the underlying DUE TO	country to the contract of
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH UNE THERE, NOTIFY MEDICAL EXAMINER).	YES NO
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH	. (Enter neture of injury in Part I or Pert If of item 18.)
1		_
-	to a	ACE OF NJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bidgi, etc.)
ı	Mour a.m While Not While p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from.	.13
		death occured at M. M. from the causes and on the date stated above,
	22e SIGNATURE	ATTENDING MED. STAFF SIGNED
		.D. PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
	23a. BURIAL, CREMATION, 23b DATE THEREOF, 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) Stra 26 1961 BELAIR MENE	DIAL TADDENS HADERD O
	24 FUNERAL DIRECTOR'S SIGNATURED // ADDRESS	D NO. 258. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE
	PModure Willell House DELY	DICE
-	1. Malanni Mieral MANIEDENI	TACE DATE 2-0-61 - Chatage of Headen



	[t	em 18 Film 307 2-9- MARYLAND STA	TE DEI		HEALTH		
		4000		E OF DEATH	MORE 1, MARYLAND	1396	5
	1 6	LACE OF DEATH COUNTY WARY	LAND 2	USUAL RESIDENCE (Who STATE	deceased lived. If institution b, COUNTY		ore admission)
		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY		c CITY OR TOWN (IF or	utside corporate limits, write F	URAL and give no	arest lawn)
1	-)		Sem 2	d. STREET ADDRESS	il I	201	e. IS RESIDENCE ON A FARM?
1		Harford IT Jesnered		Thoma	s. Kridag	101	YES 🔀 NO 🗌
1	1 0	NAME OF First Middle Cocks First	+	Jackins	4. DATE OF DEATH	2 6	19 G /
ŗ	\$. S		سد ا ت	DATE OF BIRTH	9. AGE (In years last birthday) yrs.	Manths Days	Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Coduring most of working life, even if retired)		Y 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	13.	FATHER'S NAME (1) Iliam Thomas Ha	A	14 MOTHER'S MAIDEN N	16.1	Les Con	466
	1S ,Yes	WAS DECEASED EVER IN J. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	. 17 INFO	DRMANT	Add	fress	- NA
	-	18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c)	101	-AUDE EIL	ARKINS 1	TRECT	
		// //	400	ardial	intarction	ÖN	ERVAL BETWEEN SET AND DEATH
		4/ -),/ DUE TO	11		0		1 00
		Canditions, if any, which gave rise to immediate cause (a), stating the under	- Ra	rombore	ъ		auf.
À	z	lying cause last.	V. 1	OT DELATED TO THE TEDAM	NAL DISEASE CONDITION OF	VENT IN PART 1(a)	Y29OTH 24W DE
red	FICATION	Pay II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE PULLED PULLED PLATY CONDETCH TO DE CHEMONARY LUTANCTION Police	Is;		use Omount of	rectal	PERFORMED?
	- CERTIFI	200. ACCIDENT WAS UNDERLYING () 200 DESCRIBE MOW/INJURY OF CONTRIBUTING (IF EITHER NOTHY MEDICAL EXAMINER)	CCURRED ((Enter nature of injury by P	art t ar Part II of item 18	leeding	from home
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white at work of twork	20e. PLACI factor	E OF INJURY (Hame, farm ry, street, office bldg, etc.	20f. (City or town)	(County)	(State)
		21 I certify that (1) (this kaspital) attended the deceased		7/ /			nat (I) (we) last
		sow the deceased alive and 19, 6 and 22a SIGNATURE	that dec		M, fram the causes at	nd an the date	stated above.
		TEC PHYSICIAN'S	ecc M	ATTENDING ME PHYS DII	RECTOR PHYS		2/6/6
1		NAME (Type) Edward O. Loo,	M.D	1	aure de G	vace,	Mich
	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEM		CREMATORY	STREET, H	or county) ARFORD	CO. Ma
1	24	PUNERAL DIRECTOR'S SIGNATURE DELTA,	Pa.	25a REC I	BY REGISTRAR 256 REG	ISTRAR S SIGNATU	RE SAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before edmission) e. COUNTY Page b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporate | mits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL and give naerest town) write RURAL and give naerast town 70 d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES TO NO State J. NAME OF Mlddla DATE 4. Month Ventr DECEASED OF [Type or print] DEATH 20 5. SEX B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR 7. MARRIED K MINEYER MARRIED last birthday) Male Sept. WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Farmer Farm Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kent Hubble Amamda Victoria Purcell 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give were r deles of service) Lenora R. Hubble, Havre de Grace No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN био burial-transit · CV Chseare ONSET AND DEATH PART J. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office al EPUTY MEDICAL EXAMINER: This certificate should be removal **DUE TO** Conditions, if any, which (b) "pending" gave rise to immediate cause 60 **DUE TO** (a), stating the underlying should be forwarded to the Chief Medical Examiner PUNERAL DIRECTOR: Page 3 should be used as its designated egent, prior to burial, cremation, or r cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? ase execute the certificate, writing the word NO 🗔 CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opin on Natural causes death resulted from: Accident . Suicide Undetermined manner Homicide DATE SIGNED Address (Street, city, lown, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Burial Mt. Zion Cemeterv Maryland 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE arring Fulleral Home DATE DEC 21 '61 VS. ATSME / 1 TILL ON S. TURNE Aberdeen, Md. 5M 9/60 Tarving



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, if institution: Residence before edmiss on) I director. Page or your files. oard of Health, e. COUNTY e. STATE MARYLAND b. CITY OR TOWN (f outside corporate C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and dive nearest town) your i write RURAL and give neerest town) Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) State 3. NAME OF Middle DECEASED OF [Type or print] DM DEATH Raymond Kvle with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED THEYER MARRIED AGE (In yeers I 2 wit 1, 2, and 3 ige 5 may and 2 wi last birthdey) Months WIDOWED DIVORCED Mar. 22.1904 Yrs. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) PM3 Page 1, 2, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Laborer Landscaping pages within Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME it. File 1 event Thomas L. Isom Hattie Thorn 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) I (If yes give we ror detection) Mrs. Lillian R. Isom, Bel Air R.D. 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), Office along a burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) in pencil MEDICAL EXAMINER: This certificate should be removal **DUE TO** Conditions, if any, which (6) "pending" gave rise to immediate cause æ **DUE TO** (a), stelling the underlying sase execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner. PUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to bur≡l, cremation, or r cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert il of item 18.1) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20t. (City or fown) (County) White Not While factory, street, office bldg., etc.) Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident . Su.cide [Undetermined manner Homicide ACTUAL SIGNATURE Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Dec.23.1961 Bel Air Memorial Gardens Bel Air, Harford 240. REC'D BY REGISTRAR I 24b REGISTRAR'S SIGNATURE Mc Comas & Son VS. A15ME Abingdon, Md., 5M 9/60 DATE EC 2 6 '61 Cirching S. Thomas

a. IS RESIDENCE ON A FARM?

YES NO D

U.S.A.,

Md.

PERFORMED? NO A

(State)

and in my opinion

DATE SIGNED

(Stelle)

INTERVAL BETWEEN

ONSET AND DEATH

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After this

the egistre within 72 hours after death. in by the funeral director, the third of

TO EXTENDING PHYDELAID OR HOSPITAL: The law require that the death certificate be The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14000 CERTIFICATE OF DEATH

13969

1. PLACE OF DEATH	Z. UBUAL K	EBIDENCE (HOME) OF D	ECEASED
COUNTY Boltimore ! MARYL	AND STATE Me	ryland county	Baltimore '
CITY (If outside corporete limits, write RURAL LENGTH O	OF STAY CITY (II out	side corporete limits, write RURAL e	nd give nearest town)
OR and give neerest town) TOWN Bel-Air 35	Vrs 27 TOWN	Bel-Air	
HOSPITAL OR	STREET		ve location)
INSTITUTION OR STREET ADDRESS 137 Aliceanne Street	t Appress A	liceanne Str	eet
3. NAME OF (First) (Middle)	(Lest)	/ 4. DATE (Mo	nth) (Dey) (Yeer)
(Type or Print) ALBERTA	JOHNSON		19 (9)
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify)Widow	APR 7, 1878	83 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	SS 11. BIRTHPLACE (Sie	te or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY refired)	Harford C	o Na	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S		
Westcoat		A ugustus Sor	of mark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORM	LANT & ADDRESS	Balto. Md.
(Yes, no, or unk.) (If Yes, give war or dates of service)	-2197 Jose	oh Johnson-24	16 Harlem Ave.
18. MEI	DICAL CERTIFICATION	on componer-	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0-0 0	CATA CAMP	ONSET AND DEATH
MMEDIATE CAUSE (A) CARDIO -	RESP. FAILU	160	2. DAYS
ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S)	D ARTERIOSE	e/ G-QARIC	H YFARS
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	- MELCHIOC		7,511
STATING UNDERLYING CAUSE LAST. DUE TO			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION - 196. MAJOR FINDINGS OF OPERATION	И		20. AUTOPSY?
			YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Tector) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., elc (IF EITHER, NOTHEY MEDICAL EXAMINER)		RY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) [Hour] 21e. INJURY OCCL		Y OCCUR?	
	work		
22. I hereby certify that I attended the deceased from	1979	DEC 1961	, that I last saw the deceased
alive on #DEC 1962 and that death	occurred at 8000 M. fro	m the causes and on the	date stated above.
BIGNATURE /		ADDRESS (Street, pity stow	
AN PARMINELL	M.D. 40/7/10	WELLIO M. 18	Weller Ken 4000
	CEMETERY OR CREMATORY	LOCATION (City, tow	
Burial 12-8-61 Hen	nden Hill	Bel-Air	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ECTOR'S SIGNATURE	ADDRESS
· O Hash	(10	20000	1 1: 22
DATE	Tours.	(1) (of folder of)	el. AM 250



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14001 CERTIFICATE OF DEATH

1.	PLACE OF DEATH 11 2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence Defore edm ssion)
	e. COUNTY
-	b. CITY OR TOWN (.) outside corporete I m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town)
	write RURAL end g vy neeresi town)
1	HAURE DE GRACE SURYS A DELAIR
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1	HARFOLD MEMORIAL HOSD FOUNTAIN GREEN HEIGHTS YES NOW
3.	NAME OF First Middle Last DATE Month Dey Year
	(Type or pr nt) BRIGGET M Johnston DECEMBER 2/1961
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Jest birthdey Months, Days Hours Min.
1	D. USLAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY), B RTHPLACE County & Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ď	10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY V. B RTHPLACE, County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	House wife Home LREIAnd USN.
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Timothe Brueken Wary Councily 2 . 2 1
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
(Y	(es, ng, or unkown) (lifyesgive farordatesolservice)
	Tib. CRUSE OF DEATH [Enter only one cause per ly for (e), (b), and (c),
	PART I. DEATH WAS CAUSED BY ON SET AND DEATH
	IMMEDIATE CAUSE OF COURT I Millimonia, 1900 Town Love 4 Cours
1	1/1X DULID A CO AD II
ľ	Conditions, fany, which
1	geve rise to immediate cause (e), stating the underlying DUE TO
	(c) Glubalized asterios clarosis + Duelity 2-3 years.
Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
I ST	PERFORMED?
5	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW IN.URY OCCURED. (Enter nature of injury in Pert or Pert II of item 18.)
ERT	OR CONTRIBUTING CLEANSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
10	
Š	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour e.m. While Not While fectory, street, office bidgy, etc.)
ME	p.m. 19 et work de work
	21. I certify that (I) (this nospital) attended the deceased from Lee. (814:, 1961, to 120.2. \$19.0. that (I) (we) last
	saw the deceased glive on DC 2/5419.6, and that death occured at 2/4M, from the causes and on the date stated above
	220. SIGNATURE 7
	ATTENDING MED. STAFF 12/2/16
	TIZE PHYSICIAN'S 22d. ADDRESS
П	NAME (Type) LALIZ TO LOOMIN HOUSE CRE Cyraca Mid.
=	30. BURIAL, CREMATION, 1 23b. DATE THEREOF 173c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
23	MEMOVAL (Specify) 19/1. / 1/1/19
	1600 oral 17422/1961 1118. Valvary Cecus lery 1 1001345 City, ULO,
24	ADDRESS ADDRESS 750. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Jely 9. Tarring - Westeen. Waryland. DATDEC 26'61 Wilm & Thomas
"-1	



213-4 TEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deather you delay is necessary, asse execute the certificate, writing the word "pending" in pendin in tem 18. Give Pages 1, 2, and 3 a funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ALONG MEDICAL EXAMINER'S CERTIFICATE OF DEATH

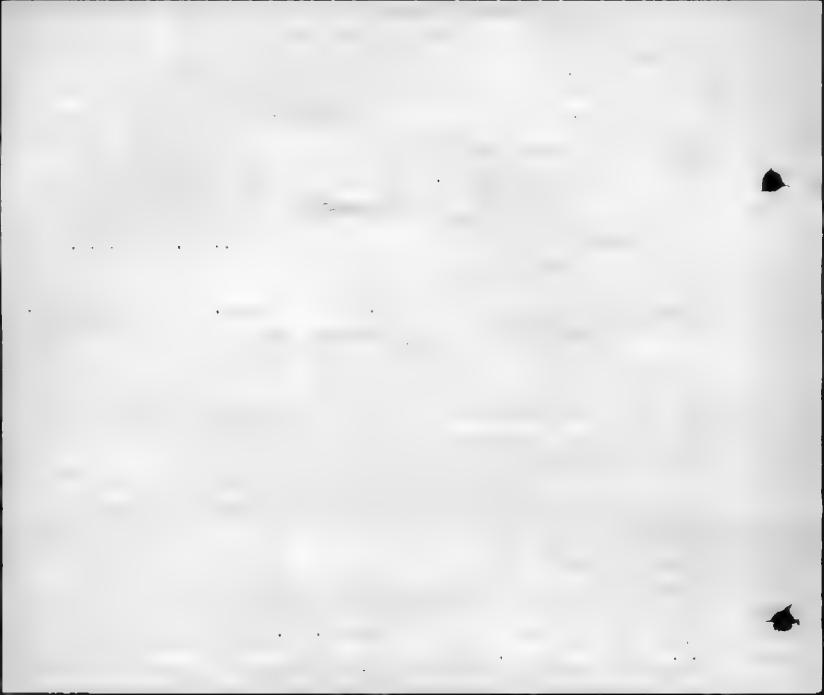
-	100/1
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before expression) a. COUNTY (1)
	HATTER MARYLAND C. STATE M. S. COUNTY LINE
	b. CITY OR TOWN (if outside corporate limits, pyrite RURAL and give negrest town) c. CITY OR TOWN (.I outside corporate limits, pyrite RURAL and give negrest town)
	Hame do De and Dot & Africation
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS
	Hongred Marrail Hogerter 17)
3.	NAME OF PISST Middle Last 4. DATE Month Dey Year
Ţ	(Type or print) VAN - IT NA XLA DEATH LOCUMENT del 196/
٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF B.RTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
10.	WIDOWED DIVORCED Dec. 3, 1935 yrs.
do	B. USUAL OCCUPATION (Give kind of work production of work and life, even if ref red) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stete or foreign country)
	lectronic Technician Electronics Czechoslvakia U.S.A.
13.	FATHER'S NAME 14. MOTHER'S MA,DEN NAME
	Aldrich Klatil Marta Misurcova
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. 1 (If yes give we rordet as of service)
_	218-32-6781 Aldrich Klatil, Abingdon, Maryland
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (a)
	DUE TO
	Conditions, if eny, which (b)
	gave rise to immediate cousa DUE TO
	cause last. [c]
O.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
2	
CERTIFICATION	20s. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING A WEST CAUSE OF DEATH. A WEST CAUSE OF DEATH.
	The second second
MEDICAL	Hour wim. /2 - 2 (While Not While factory, street, office bldg., atc.)
THE STREET	11 p.m. 2 2/ 19 v st work st work
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes Accident Suicide . Homicide . Undetermined manner
	ACTUAL 92- COLL C / a /mas CHIEF MEDICAL EXAMINER BECKEN
	SIGNATURE AND, ASSISTANT MEDICAL EXAM NER DATE SIGNED
	EXAMINER'S GPY) (d CP) (MC)- 1) DEPUTY MEDICAL EXAMINER (13-776)
224	REMOVAL (Specify) 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 12/24/61 St Francis Cometery Abingdon, Maryland
2	Funtal predict Tarring Tuneral Home
_1	Aberdeen, Md. DATE DEC 29'61 . A & Times



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
14003	CERTIFICA	ATE OF DEATH	Reg. Dist. I	1 •2972
1. PLACE OF DEATH O. COUNTY + and	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	efore admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	n	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give	cing it ome	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Daisy	Middle A. Kolk	Losi 4. DATE OF DEATH	((((((((((((((((((((9 4 19 6/
F W	MARRIED NEVER MARRIED	8. DATE OF BIRTH 7-3-1884	lost birthdoy) Months Doy	AR IF UNDER 24 HRS. ys Hours Min
100. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Housewife 13. FATHER'S NAME Samuel Hoffmast	Home	Washington Co 14. MOTHER'S MAIDEN NAME Mary Rohrer		S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. Howard Tolle, Jr. Box 366, Baldwin, Md.			ldwin, Md.	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	per line for (o), (b), and (c).	colusion	111	NTERVAL BETWEEN DISET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.				
PART II. OTHER SIGNIFICANT CONDIT		NOT RELATED TO THE TERMINAL DISEAS		19. WAS AUTOPSY PERFORMED? YES NO DA
20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Par	t (I of item 1B.)	

d. NAME OF OR INSJITA Harry NAME OF DECEASED (Type or print 5. SEX 10a. USUAL OCC during most Ho 13. FATHER'S NA Sar 15. WAS DECEAS No 18. CAUSE PART Condition gove rise couse (o), s lying cous CERTIFICATION PART 20a. ACCIDE OR CONTRIB (IF EITHER, I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour a. ri. While Not while p. m. of work [of work 21. I certify that I attended the deceased that I lost saw the deceased alive on and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 28/1961 Fork Methodist Ch. Cem Runial Fork Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 905 York Road 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR & Sons Co. DATE O O TO!

VS A15 (4) 15M 9/55



STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution, Residence before edmission) a. COUNTY files. Health, MARYLAND b CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts. write RURAL end give neerest town) write RURAL and give nearest town] ŏ 0 4 [4-4 Board d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE T, MARRIED 5 SEX IF UNDER 24 HRS. last birthday] WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. K ND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages 1 A6. SOCIAL SECURITY NO 1 17. INFORMAN (Yas, no, or unkown) ((If yas giva war or dates of service) 18. CAUSE OF DEATH [Entar only one causa par line for tel. (bl. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediata cause DUE TO (e), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) the Chie R: Page 20c. TIME OF INJURY Month, Day, Year (County) factory, street office bldg. atc.] Not While al work et work 21. I certify that I look charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Undetermined manner Suicide Homicide death resulted from Natural causes Accident V DATE SIGNED ASSISTANT MEDICAL EXAMINER designati FUNERAL REMOVAL & Spacify) 40 VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission) a. COUNTY 구 고 고 MARYLAND and c. LENGTH OF STAY IN 16 þ .E T. Filled IS RESIDENCE ON A FARM? executed 3. NAME OF Middle DECEASED OF DEATH (Type or print) 19 carbon 5. SEX IF UNDER 24 HRS. IF UNDER TYEAR AGE (In years Migliday) and Months Hours event, physician remove 12. CITIZEN OF WHAT COUNTRY? attending ((If yes give war or detes of sarvica) the 18. CAUSE OF DEATH [Enter only one cause per line for (e], (b), end (c, ONSET AND DEATH DIRECTOR: After this certificate has been signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO affending Conditions, if eny, which (b) geve sise to immediate cause DUE TO (a), stating the underlying ceuse lest. the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CALSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part If of 'tem 18.) etached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 1 20). (City or town) (Stete) þ (County) 20c. TIME OF INJURY Month, Day, Yaer factory, street, offica bldg., etc.) Not While at work at work p.m. 70 8 21. | certify that (I) (this hospital) attended the deceased from... Plnous saw the deceased alive on. and that death occured DATE 22e. SIGNATURI ATTENDING SIGMED ა <u>წ</u> DIRECTOR PHYS. PHYS. UNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) TO 25b. REGISTRAR'S **VR A15 (4)**



FUR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institutions Residence before edmission) files. Health, . COUNTY Page **b.** COUNTY MARYLAND b. CITY OR TOWN (if oulside corporeta limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town ē NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/streal address) d. STREET ADDRESS . IS RESIDENCE 0 Boar ON A FARM? retained ne State B YES NO P 3. NAME OF DATE DECEA OF with NEVER MARRIED | B. DATE OF BIRTH COLOR OR RACI 9. LAGE (In years | IF UNDER 1 YEAR 2 wit last birthday) Days Months Hours and 2 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? A 16. SOCIAL SECURITY NO
(Yas, no, or unkown) Shyasgiva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-fransit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which [b] geve rise to immediate causa DUE TO (e), stating the underlying 50 pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMEDI 28 О 200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of ilem IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) forwarded to the Chira factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide | Undetermined manner designated ACTUAL DATE SIGNED should be for Address (Street, city, town, or county) OL VS. A15ME

AARYLAND STATE DEPARTMENT OF HEALTH



OF STATISTICAL RESEARCH AND RECORDS. ESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN C. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporete limits, write RURAL and give nearest town) ely filled in b rs. Pages 1 e hours after o d STREET ADDRESS a. IS RESIDENCE (f not in hospital, u ve street address ON A FARM? Memorial Hospital YES NO 3. NAME OF DECEASED OF DEATH (Type or print) Dec.2 19 61 6. COLOR OR RAC DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours ,1908 Jan. DIVORCED physician 10a. USJAL OCCUPATION (Give kind of work 10b. K ND OF BLSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? or fore on country) dans during most of working, fe, aven if ret red) ower UShROOM S 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME please affending McGlothlin ARMED FORCES? onowingo .Md . (If yes give we rordales of service) r affending physician, has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physici IMMEDIATE CAUSE (e) the burial-transit burial, cremation, DUE TO Conditions, if any, Which (6) gove rise to immediata cause DUE TO (e), stelling the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert, or Pert II of Item 18.)
OR CONTRIBUTING . CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After th 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.E. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from., 1964, that (I) (we) last , and that death occured at Sa. M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAIN NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY CATION (City, town or county) (Stata BURNAL, CREMATION, DATE THEREOF (Specify) Liberty Harmony 256 REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Perryville 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Items -3-8-16 re deceased lived, If institution, Ras dance before edm sslow) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. CiTY OR TOWN (f'outs de corporeta t'm'ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) (if not in hospital, give, streat address IS RESIDENCE ON A FARM? YES NOT 3. NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH Mount al 9. AGE (In years | IF UNDER I YEAR | IF JNDER 24 HRS. lest birthday) Hours .1926 DIVORCED physician 10a. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUS NESS OR INDUSTRY BICTHP, ACE (County & State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done, during most of working life, even if ratired) HOUSE . Own Home USA 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Ad drass (Yas, no, or unkown) ((Ifyesgivewarordatasofsarvice) Peter P. Mc Perryville 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), ar INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to immediate ceusa DUE TO (a), stating the undarlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS PERFORMED NO 208 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING LI CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of anjury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., etc.) Not Whia Hour a.m. at work at work 24.1 5. net 19 (2.), that (1) (we) last lo .. 226. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) Cemetery St Mark's ADDRESS REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Perryville Md DATOEC 6 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND XAMINER'S CERTI MEDICAL EXAMI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COUNTY Page b. COUNTY Harf ord Harford b. CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN TH co-CITY OR TOWN (floutside corporete l'mits, write RURAL end give neerest town) write RURAL and give neerest town) Havre de Grace d. STREET ADDRESS . IS RESIDENCE Route 7 ON A FARM? YES NO 1 Revolution Street extended 3 NAME OF Middle 4. DATE DECEASED OP (Type or print) DEATH Robert Ross Mitchell 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years LIF UNDER LYEAR) IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED 2-27-1942 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland_ US A Laborer Skyway Diner Food 13 FATHER'S NAME Robert O. Mitchell

15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 Lillie Louise Thompson (Yes, no, or unkown) (Hyesgive werordefesofservice) Mary land Robert O. Mitchell P.O.Box 112 Havre de Grace 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Accidental-drowned in Chesapenke Bay DUE TO near Havre de Grace, Maryland Conditions, if eny, which geve rise to immediate cause DUE TO (e), stetling the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1 6) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY __ or CONTRIBUTING __ e 3 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) 2De. TIME OF INJURY Month, Day, Year (State) fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 💢 Inquiry X and in my opinion Accident X Natural causes Suicide | Undetermined manner death resulted from Hom cide CHIEF MEDICAL EXAMINER A should be truncated to designate ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X April 2. 1962 EXAMINER'S NAME Type R.C.Dodson Rising Sun Md Address (Street, city, town, or county)
1 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) 226. BURIAL, CREMAT ON, 226. DATE THEREOF REMOVAL (Specify) Angel Hill 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Havre de Grace Maryland

Circhan S. Flores

VS. A1SME 5M 9 6D

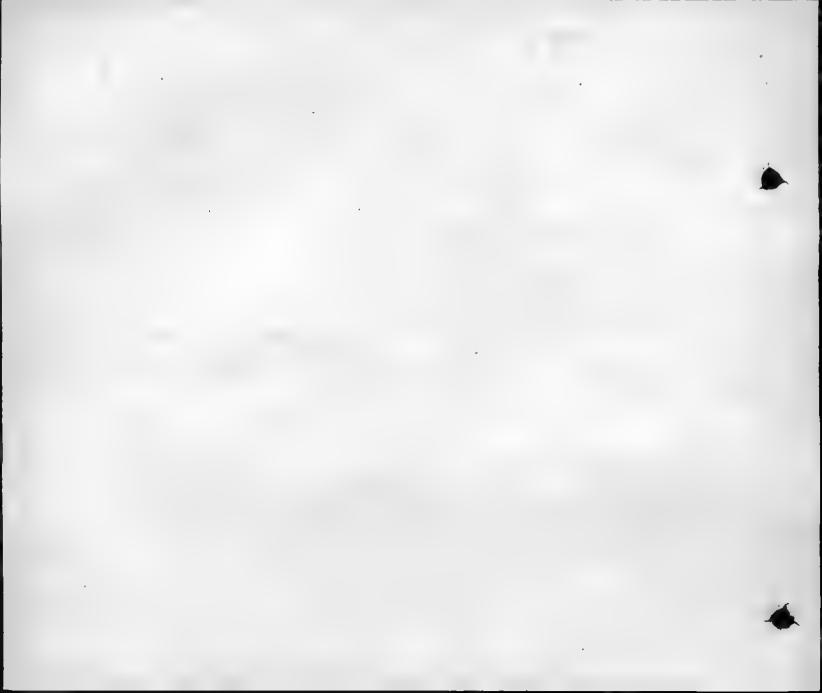


TO F VR A15 (4) 15M 9/59

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1	1. P	PLACE OF DEATH COUNTY ARYLAND 2. USUAL RESIDENCE (Where/deceased lived if institution Residence before adoptission) b. COUNTY Taxlard Taxlard
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C. CITY OR TOWN (If gutylice carpergia limits, write C. LENGTH OF STAY IN 1b C CITY OR TOWN (If autside corposale limits, write RURAL and give nearest town)
	0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR LINESTITUTION OR LINESTITUTION OF HOSPITAL (If not in hospital, give street address) OR LINESTITUTION OF LINEST
,		NAME OF DECEASED Type or print) Elizabeth F. Osboro DEATH 12 1961
)	5. 5	F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS I ASSE I I FUNDER 24 HRS Min. Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Working ife, even if retired) Never Worked Never Worked 12 CITIZEN OF WHAT COUNTRY?
	13. (FATHER'S NAME Thenry Oshown Trances Fleteler
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 10 OF OFFICE PROPERTY OF THE PRO
		18. CAUSE OF DEATH [Enter only one course per the for (g), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (d) When the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the for (g), (b), and (c) to the course per the course
		Conditions, if any, which) (b) Arterioselevotic Cardiovascular 10 years.
1		gave rise to immediate couse (a), stating the under-lying cause last.
7	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO P
	CERT	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
	MEDICAL	20c TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED Hour a m. 19 While at work at work 19 Action of the colory, street, office bldg, etc.)
		21. I certify that (1) (this hospital) attended the deceased fram Lee 6th, 19.61, ta Lee 12th, 19.61, that (1) (we) last saw the deceased alive on the date stated above
		220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF SIGNED 12 (2 6)
		PAME (Type) Edurado Los Los MD Havre de Grace and.
	1	BY AL CREMATION 236 DATE THEREOF 23c MAME OCCEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (State) Prove Prescritorial Guerrania College Telacylaced.
	24	FONERAD DIRECTORS SIGNATURE JULIU 9. Parring - aler delu. Wed. DATE DEC 21 '61 DATE DEC 21 '61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1 PLACE OF DEATH a COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	ceased lived If institution-Residen b. COUNTY / /	ce before admission)
HAYTORO	,	14 (1,	+IAI	rord
b. CITY OR TOWN (If outside corporate limits, write /RURAL and give negrest tawah	c. LENGTH OF STAY IN 16	E. CIT OR TOWN (If outside	carporate limits, write RURAL ond	give nearest town;
d NAME OF HOSPITAL (If not in hospita, give street	address) .	d. STREET ADDRESS	7//	e. IS RESIDENCE
HARTOR MEMORIAL AS	OSpitA/	RFD 2 (hurchville X	ON A FARM? YES NO NO
NAME OF DECEASED (Type or print)	Middle Sizabeth	Poters 4. D.		8 196/
5 SEX 6 COLOR OR RACE 7. MARR		B. DATE OF BIRTH		I YEAR IF UNDER 24 HRS.
Female White WIDOWN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JANUARY 15, 1881	80 yrs.	Doys Haurs Min.
10a USJAŁ OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	k.	STRY 11. BIRTHPLACE (State or fore	ign country) ~ , 12.CITI	ZEN OF WHAT COUNTRY?
Housework	foresemite	4.5.4	- VITGINIA	USH.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	* 1	
GEORGE THOMAS		BEHY RE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT (SON)	129 N. LYNBroo	k Road.
No -	NONE IN	HENLA W. BEFELT	BEI You Witelo	nod
1B. CAUSE OF DEATH [Enter only one couse per lie	ne for (a), (b), and (c).]			INTERVAL BETWEEN
	Men Arres	<u>t.</u>		
450.0 DUE TO	,	4		
Canditions, if ony, which) (b)	Sengalized 1	Arterio clousis		
gave rise to immediate DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE COND TION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING TO 206 DESCORE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Part (I af item 1B)	
20c. TIME OF INJURY Manth, Doy, Year 20d. II		ACE OF INJURY (Hame, form, 20f	(City or town)	County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour a. m. 19 While of wor	1101 ₩1016	ctory, street, office bldg., etc.)		
				that (I) (we) last
				e date stated above
				22b.DATE SIGNED
Trank I -	Haufer	M.D. PHYS. DIRECTO	R PHYS	310,122
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23a. BURIA., CREMAT ON 23b. DATE THEREOF	23c NAME OF CEMETERY O	IR CREMATORY 23d I	LOCATION (City, town, or county)	(Stote)
TBUTIAL DEC. 20,1961	Mt. Zion CE		MIBELATE, HATE.CO.,	
		250 REC'D BY R	EGISTRAR 256 REGISTRAR'S S	
24 FUNERAL DIRECTOR'S SIGNATURE W. Broadway and will Proms St. 250 REC'D BY REGISTRAR'S S GNATURE DATE DEC 2 1 '61 Citha & thous				

The state of the hospital or attending physician.

O PANERAL DK Alle Washington or attending physician.

O PANERAL After this certificate has been signed by the attending physician and campletely.

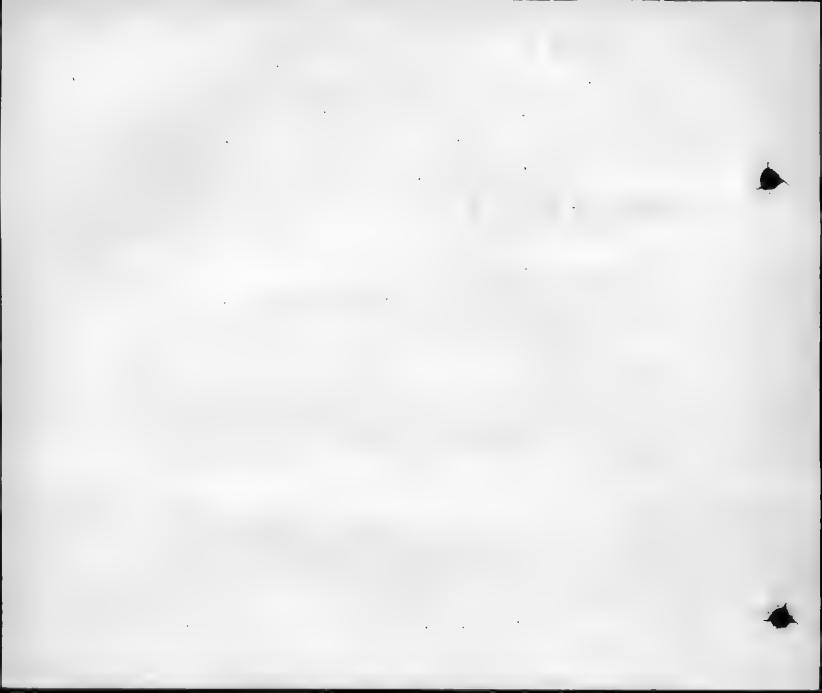
O PANERAL After this certificate has been signed by the attending physician and campletely.

O PANERAL Should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages I and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages I and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours offer death.

W • BROADWAY & FILLIAN PRIA PARS, REPARS, RE PITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours offer death Page 4

O P O VR ATH (4) 15M 9/59

Joseph W. Foster



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/044

	14011 CERTIFICATE OF DEATH 13980	
1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmissi b. COUNTY b. COUNTY	on)
	Harford Maryana Maryand Horisord	_
_	c. CTY OR TOWN (if outside corporate limits, c. LAGTH OF STAY IN 1b c. CTY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	
-/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give strey address) d. STREET ADDRESS d. STREET ADDRESS	
	401 D. Washington YES NO.	
3.	NAME OF DECEASED OF Hongh Dey Year OF	-
5	SEX 6. COLOGO RACE TO MADDIED THE MADDIED TO BE DATE OF BIRTH 19. AGE (Invents I/F UNDER TYEAR IF JUNDER 24 HR	
1	SEX 6. COLONOR RACE 7. MARRIED NEW MARRIED B. DATE OF BIRTH 19. AGE (Infrients IF UNDER 1 YEAR IF JNDER 24 HE Months Deys Hours Min Days Hours Min	-
100	. USOAL OCCUPATION [Give kind of work 100 WIND OF BUSINESS OR INDUSTRY IN BIRTYPLACE [County & Stept, or larging country] 12. CITIZEN OF WHAT COUNT	RY?
de	Cetied Venn. Kachred Hande There Md. W. J. A.	
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15.	WAS DECEASED EVER IN U.S. ARMED ORCES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT	_
	s, no, or Enkown) (Hyoso vewerordelesofservice) (Information Perfect N. Perfect All aspunylon	
-	18. CAUSE OF DEATH [Enter only one ceuse per une for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (e) .	
	4221 DUE TO	
	conditions, if any, which governise to immediate course (b) Cardio - Vascular Heard Discarde 54 cars	
	(e), steting the undarlying DUE TO	
ž	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOP PERFORMED	
CAT	YES NO	_
CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of from 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SCAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour e.m. While Not While lectory, street, office bldg., etc.) (City or town) (County) (51eta)	
WE	p.m. 19 et work ef work	
	21. I certify that (I) (this hospital) attended the deceased from May 1960 to 12-9, 1960, that (I) (we)	
	saw the deceased alive on 12-4 1961, and that death occurred at 3 MM, from the causes and on the date stated about 226. SIGNATURE 2	
	COLLIST ATTENDING MED. STAFF DIRECTOR PHYS. 12-11-61	NED
	22c. PHYSICIAN'S NAME (Type)	*50.
_	GUNTHER D. HIRSCH 421 CONCRESS AV. HAVRE DEGARCE, H. BURIAL CREMATION, 23b. DATE, THEREOF, 23c. NAME OF CEMETERY OF CHEMATION (CITY, TOWN of COUNTY)	<u></u>
231	REMOVAL (Specify) 12/12/6/ CANSEL THEREOF, 23c. NAME OF CEMETERY OF CHMATORY (Specify) 12/12/6/ CANSEL TELL THEREOF, 23d. 19CATION (City, town of county) (Shoto)	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND A	
1	reserventes from Ferrial Wall, Md. DATEC 1 4'61 way & there	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 14012 Reg. Dist. No.? director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MEEYLAND Harford Harford Maryl and the funeral a b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 14 yrs. Bel Air d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? East Ring Factory Rd., YES NO X NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) Arthur W . Possehl : Dec. 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Male White WIDOWED A DIVORCED | Apr. 25. Q5 yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? Cutter U.S. Govt. London, England. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corl August Possehl ove Wilkinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 198-05-0520 Mrs. Edward H. Maryl and 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).} INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** 7 couse (o), stoting the underlying couse lost. **Surial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. ft. While factory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased from NOV / to Dec. 5 ... 1961 that I last saw the deceased and that death occurred at 2.4. M, from the causes and an the date stated above. alive on 1) ADDRESS (Street, city or lown, stote) ACTUAL PHYSICIAN'S Charles Richardson, Jr. NAME (Type) Bel 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, Joyn, or county) (State) REMOVAL (Specify) Pa Burial Hillside Philadel 23 FUNERAL DIRECTOR'S SIGNATURE HOW PAGE & **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Abingdon, Md.,

DATE EC

Curios S. House

VS A15 (4 15M 9/55

death.

within 24 hours after



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY MARYLAND CITY OR TOWN (if outs de corporata limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town DECEASED (Type or print) 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one causa per June for (a), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immadiata causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [[a]] 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING LT 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in cry in Part I or Part II of Ham 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED , 20a. PLACE OF INJURY (Homa, farm, , 2Df. (City or town) 20c. TIME OF INJURY [County] (Stata) Month, Day, Year Not While factory, street, office bldg., atc.) Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from...... ____, to _______, 19____, that (I) (we) last 3M, from the causes and on the date stated above. , and that death occured at ... saw the deceased alive on. 225 DATE DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City, fown or county) REMOVAL (Specify) 51 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

LAND STATE DEPARTMENT OF HEALTH

. .

DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY 4 th MARYLAND by # b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 (Ifebutsida comprata limits, write RURAL and give neerest lown) write RURAL and give nearest lown) .⊑ d. NAME OF HOSPITAL OR INSTITUTION IS RESIDENCE ON A FARM? YES NO 3. NAME OF M. ddle DECEASED (Typa or print) DEATH 000 5. SEX AGE (In years | IF UNDER 1 YEAR and c 7. MARRIED NEVER MARRIED lest birthdey) Months | Days Car WIDOWED DIVORCED nding physician a please remove c 100. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) KETIRE Watchman 13. FATHER'S NAME MAIDEN NAME 34. MOTHER'S Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknwn) (.fyesgive werer detesof service) #E by the 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying the bur burial, has cause lest. PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? 98 NO YES CERTIFI 208, ACCIDENT WAS UNDERLYING [] | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Part Lo OR CONTRIBUTING CAUSE OF DEATH After this etached 20c. TIME OF INJURY 20d. INJURY OCCURRED. 2De. P.ACE OF NJURY (Home, form. 20f. (City or town) (State) Month, Dev. Year (County) factory, street, office bldg., atc.) While Not While Hour a.m. et work at work 3 should be de D. Ph. to Lec. 8, 1961, that (1) (we) last 21. I certify that (1) (this hoppital) attended the deceased from. , and that death occured at M, from the causes and on the date stated above. saw the deceased 22b. DATE ATTENDING MED. SIGNED PHYS, DIRECTOR PHYS. M.D. 22c. PHISICIAN 22d. ADDEESS NAME (Type) (Stata) 23e. BUR.AL, CREMATION, 23b. DATE THEREOF REMOVAL, (Specify) VRE DEGENCE 256. REGISTRAR'S SIGNATURE 25a. RECHEEY REGISTAAR FUNERAL DIRECTOR'S SIGNATO VR A15 (4) 15M 9/60 DATE Tunarak.

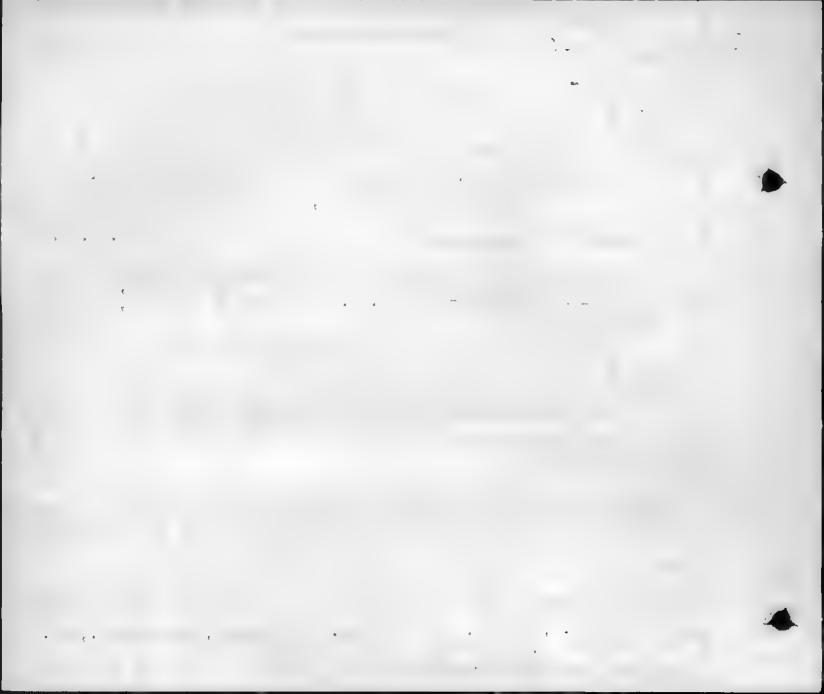
YLAND STATE DEPARTMENT OF HEALTH

hours after deoth

MARYLAND STATE DEPARTMENT OF HEALTH



1 2	ýn .	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 SE		CERTIFICATE OF DEATH Reg. Dist. Nog 2005	
l director, filed with	M	1. PLACE OF DEATH a. COUNTY Harford 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harford	-
ero be		b. CITY OR TOWN (If autiside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	
in de la de	174	Rural-Bel Air DO Years KRural-Bel Air	
by th	I	Forge Hill Road Forms No. No. A FARM? YES NO.	
of h		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year	
in 2		(Type or print) Mary A. Smith Deamber 29, 196	
letely 8.		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH C WIDOWED DIVORCED 1879 9. AGE (In years IF UNDER 14 AR IF UNDER 15 AR	-
cutek comp oper		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retired)	(RY)
execting company of the potential of the	t _a	Domestic Housework Maryland U.S.A.	
e be on o corb		13. FATHER'S NAME	
ficot hysici ove		Harrison Preston Mary Gordon 15 Was determined to the second of the sec	
certii ng ph rem 72 h	W blinds a	No 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Son) ARMED#1, Box 153 No. 1. Gerald Smith Bel Air. Maryland	9
enth endir lease thin		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	_
he d to t en p		PART I. DEATH WAS CAUSED BY: Motostatic Covernment ONSET AND DEATH	
hot t	ing.	DUE TO	
res t sed to		Conditions, if any, which gove rise to immediate DUE TO	_
sign of it		cause (o), stoting the <u>under-</u> lying cause last. (c)	
ow price special speci	- ,0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS! Malmutantion and Terrison Bothine Carbinoung And Prince YES NO 18	¥.
The 1 phy hos riol-	- 0]
ending ficole the bu	11 v 25	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
YSIC or officerti	A C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County)	e)
this this or us	ARC	₹ p. m. 19 at work □ at wark □	
Affer ed fe	OS EL	21. I certify that I attended the deceased from Decant 28, 1961, to Decant 29, 1961, that I last saw the decea	
TEN The The The Stock	F ¥ B	alive an December 1961, and that death occurred at 9/30 PM, from the causes and on the date stated about ADDRESS (Street, city or town, state) DATE SIGN	
OR AT sed by IRECTA I be de vior to		SIGNATURE Paul Stores (Street, City or Idwin, strice) ACTUAL SIGNATURE Paul Stores (Street, City or Idwin, strice) M.D.	AED.
retoir RAL D should	- 1	PHYSICIAN'S PAULS: STONESIFER IN 115 FULFORD AVE, BELAIR, MQ. 12BO,	18
Tega 3		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (Stote)	
5 0 8 4	^	23. FUNERAL DIRECTOR'S SIGNATURE W Broad APPRESS 9. W43 3 4 0000 240. REC'D BY REGISTRAR'S SIGNATURE	
VS A15 (4)	. H. E	23. FUNERAL DIRECTOR'S SIGNATURE W. Broadway & Williams' DATEAN 2 '62 Ling & Trans	
13M 7/33		Jarah W. Farter	



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N	ARYLANI	D STATE	DEPA	RTMENT	OF	HEALTH	1

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

L	14017	CERTIFIC	ATE OF DEATH		13986	
1	COUNTY HAR FORD	MARYLAN	O STATE AA	ere deceased lived If institution b COUNT	Itan: Residence before admission	1)
K	b CITY OR TOWN (If autside carporate lim RURAL and give nearest (byh)	- 36 dA45	HAURCE	utside carposote limits, write	RURAL and give nearest town)	
Ĺ	d. NAME OF HOSPITAL (IF not in haspital, of INSTITUTION HERE MEM	ORIAL HOSPITA	25/ Leu		IS RESIDE ON A FA YES 1	ARM?
L	(Type or print) Myrthe	e Elizabeth	Smith	OF DEATH Leci		61
S	female Colored	WIDOWED DIVORCED	Oct. 23,18	9. AGE (In year last birthday)	5.	Min.
25	JSUAL OCCUPATION (G ve kind of work during most of working life, even if refired	Private Tas	rily Md.		12. CITIZEN OF WHAT COL	JNIRY?
	3. FATHER'S NAME alongo	- Bond	Provey	1 Bans	lead	
	S. WAS DECEASED EVER IN U. S. ARAND FOI Yes. no or pranown) (If yes give wor or dates of		My Janus R.	Holland, &	Varre de Gra	برای ارمی
	1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Al I	morarcing	natoris	INTERVAL BETWOONSET AND D	
	Conditions, if any, which)	a Adenocar	cinoma 1	the cal	an	" 7
	gave rise to immediate cause (a), staling the underlying cause lost.	(c)	J			
CERTIFICATION	PART II OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH			SIVEN IN PART I(a) 19 WAS AU PERFORM YES 1	AED?
	T. 1	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in f	Part I at Pari II of item 18.)		
MEDICAL	20c TIME OF INJURY Manth, Day, Ye Haur a.m. p.m. 19	ear 20d. INJURY OCCURRED 20e While Not while at wark at wark	PEACE OF INJURY (Hame, form foctory, street, office bldg., etc.	20f. (City or town)	(County)	(Slote)
	21. I certify that (1) (this hospital saw the deceased alive an)		m /0 30 19 at death accurred at/30	M, fram the causes of	nd an the date stated a	
	22g. SIGNATURE	dousky	777	ED. STAFF	226. [
	22c PHYSICIANS NAME (Type)	ADOWSKY	MD 504 Se	mis St.	Home de Just	Ry
230	30 BUR A., CREMAT ON, 23b. DATE THERE REMOVAL (Specify)	61 ashury	rethodist Cem.	Churcher	, ar county) (State)	1.
24	FUNERAL DIRECTOR'S SIGNATURE	Harre de Gr	(m 1	DEC 3 '61 256, REC	GISTRAR'S SIGNATURE	



	14018 CERTIFICATE OF DEATH	Regulists Naco (m)
ed in by the funeral director, and 2 shauld be filed with	1. PLACE OF DEATH o COUNTY HARFORD MARYLAND 2 USUAL RESIDENCE (Where deceased lived o. STATE MARYLAND by	If institution Residence before admission) COUNTY HARFORD
funeral	b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate him STREET X STREET	nits, write RURAL and give nearest town)
by the fun	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS JERRY ROAD	e is residence on a farm? Yes 📉 no 🗍
i g	3. NAME OF DECEASED (Type or print) MARY VIRGINIA SMITHSON 4. DATE OF DEATH	Month Doy Yeor December 3 19 61
rs. Po	female white widowed Divorced November 1, 1960	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min
and campon oan pope ir death.	10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mary land	12. CITIZEN OF WHAT COUNTRYS
Sort	13. FATHER'S NAME William Lee Smithson 14 MOTHER'S MAIDEN NAME INLABEL Marie Hop	kins
itending physicia please remave co vithin 72 hours at	15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or dates of service) William Lee Smithson	Jerry Rd., Street, Md
attending in please re t within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Laryngotracheobronchitis and bronchos	INTERVAL BETWEEN
ed by the a mit. Then any event	50/ X DUE TO Conditions, if ony, which) (b)	
cion. pusit pern and in a	gove rise to immediate cause (a), stating the under but IV	
physici nas beer rial-tran noval, a	5 obesity	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ME
ificate his but the but ar ren	20s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of it (IF EITHER, NOTIFY MEDICAL EXAMINER)	lem 18.)
al or at this cent r use as emation	20c. TIME OF INJURY Month, Day, Year Not Injury OCCURRED Haur o. m. 19 While Not while of work of w	n) (County) (State)
: After the ched for urial, or	21. I certify that I attended the deceased from December 2, 1991, to December 3 alive on December 3, 1961, and that death accurred at 10:30AM, from the	5, 19.61, that I last saw the deceases
ined by the DIRECTOR: Id be detact prior to bu	ACTUAL SIGNATURE Paul S. Stonesife from M.D. 115 Fulford Ave.	by ar lown, state) DATE SIGNED
rg d Arb	PHYSICIAN'S PAUL S. STONESIFER, JR., M. D. Bel Air, Md.	
poge 3 sl the regist	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C PUTIAL Dec. 5.1961 Slate Ridge	Delta Penna
/S A15 (4) ISM 10/57	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE DEC 5 '61	246 REGISTRAR'S SIGNATURE Linking L. Thama

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

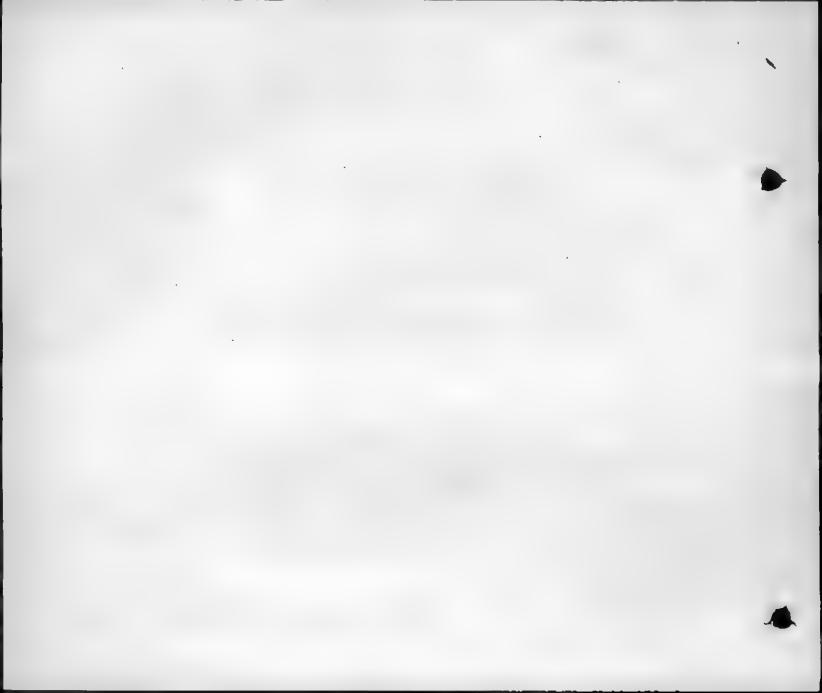


VR A15 (4) 15M 9/59

13988

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14019

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If our de conservate limits, write RARA), and give nearest town) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c CITY OR TOWN (If outside corporate limits, write RURAL and give fearest town)
or institution Tarford The Jenorial	Paradise Rd RD2 Bross YES NO [
3. NAME OF DECEASED (Type or print) AGGY E/Zabeth	Stephers DEATH 12 11 1961
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	9/15/1876 Syrs Manths Doys Hours Min.
10a. USUAL OCCUPAT ON (Give kind of/work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired) 1 Secret any 120che Neturea.	JSTRY 11. BIRTHPLACE (State or foreigh country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	St Mary E. Jones 1 . 1 Page
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes. no or unknown] (If yes. give wor or dates of service)	Villau M. Ste Pheus (T3 Bourbon St.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Delta Valance.	Can le cedent interval between onset and death
Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.	Exelle l'a secréta creace na 10 92.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 205. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 1B.)
	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) oclory, street, office bldg , etc.)
21 I certify that (!) (this hospital) attended the deceased from sow the deceased alive an 10 c 11 19 6 l , and that	May 12 1957, to Dec 11, 1967, that (I) (we) last death accurred at 71 M, from the causes and on the date stoted above.
220. SIGNATURE Clay & Cully Days	ATTENDING MED STAFF SIGNED
220 PHYSICIAN'S NAME (Type, Duchley Phillips MI)	DARLINGTEN TO
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY, DEMOVAL (Specify) 12/14/1961 Has Worly	Ve 1 to State of the Ve
John G. Jarring - abenden und	250 REC'D BY REGISTRAY 256. REGISTRAT'S SIGNATURE DATDEC 1 9 '61 Carthur & Kraus



FOR STATE HEALTH DEPT EVULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 thorstal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 44020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3989

1. PLACE C		N	MARYLAND	2. USUAL I	ALA (W)		If institutions Res	sidence before edmission)	
write	TOWN (if outside corpore		LENGTH OF STAY IN 16	c, CITY OF	R TOWN (If outside	le corporele limits	vrite RURAL and	ive negrest town)	
1	OF HOSPITAL OR INSTITUT	ION (il nor in pospile	al, give street address)	d. STREET	ADDRESS /	1-		e. IS RESIDENCE ON A FARM?	
3. NAME O DECEAS (Type or p	ED HEADY	FIRM	Middle ST	STOTLER	1 1 AT 0	ATE POCE	onth of o	Dey Yeer 196/	
5. SEX	1 6. COLOR OR	RACE 7. MARRIED WIDOWED			Н	9. AGE (In ye last birthde	y) Months De		
	OCCUPATION (Give kind of most of working life, even i	of work 10b. KIND	OF BUSINESS OR INDUSTR	Oct.15,	ACE (State or fore)			EN OF WHAT COUNTRY?	
	trician	if tentest	Shoe	Berkl	ey Spring	gs, W.Va.	,	U.S.A.,	
	Thomas Stot	tler			Icy Vano:	rsdale			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ilyes give wer or deles of service)								
no 705-10-7206 Lelia A. Stotler Edgewood R.D., Maryl 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND									
								ONSET AND DEATH	
1. 8	1 825 X DUE TO								
Condition	onditions, if any, which \ (b)								
geve rise to immediate cause [e), stating the underlying DUE TO									
	cause lest. (c)								
NOLLA	II. OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT NO	OT RELATED TO 1	THE TERMINAL DIS	EASE CONDITION	GIVEN IN PART 1	PERFORMED?	
PRIMARY CAUSE C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS A PERFO YES TO THE PERMINAL CAUSE WAS PRIMARY A OF CONTRIBUTING TO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert II of item 18.) CAUSE OF DEATH. 20c. Time OF INJURY Month, Dey, Year 20d. (NJURY OCCURRED) 70e, PLACE OF INJURY (Home, farm, 20f. City or town) While Not While et work of work.								
	1. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion								
death r	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner								
	9) and De Palaner CHIEF MEDICAL EXAMINER [Boy An M.								
	ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
EXAMINER'S T - 2/d PP (Me) - DEPUTY MEDICAL EXAMINER DA /2, 32-6									
	CREMATION, 22b. DATE	-	c. NAME OF CEMETERY OF			LOCATION (City, to		(Stete)	
Buri:	Dec. 21		Cokesbury Mem			ingdon, H			
Howard	1 10 711 1	11.	ingdon Maryla	ind	DATEDEC 2		Irelan S. H		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATE 2. USUAL RESIDENCE (Where deceased lived, if institutions periodical a. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY N 16 c. CITY OR TOWN ((Coutside corporate limits, write RURAL end give nearest town) .5 " aft Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eduress) d. STREET ADDRE e. IS RESIDENCE ON A FARM? YES NO THE papers. 3. NAME OF Middle DATE Month Year 72 DECEASED OF (Type or print) A DEATH 12 196 5. SEX 6. COLOR OR RACE T MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Days Months Hours Min. WIDOWED DIVORCED physician 9 10e. USUAL OCCUPATION (Give kind of work 10b. KIND/OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) remov SIL) ecce tar 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAM ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH |Enter only one cour pen line for (a) (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which geva rise to immadiete cause QUE TO (e), stating the underlying burial, has cause lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY SE PERFORMED? 2 NO F USB prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH Affer 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not While et work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from to 12.6 / 8.1/1, 19.6 / that (I) (we) last 18% 19.0.1. and that death occured at 0.1.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING. PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADD RESS NAME (Type) rector, filed 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF LOCATION (State) (City, town or county) MOVAL (Specify) wall 250. REC'D BY REGISTRAN 24/ FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) Earrie

